

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH CAROLINA



APPLICATION FOR ADMISSION TO PRACTICE

*Please print or type*

FULL NAME: \_\_\_\_\_

BUSINESS ADDRESS (INCLUDE FIRM NAME): \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE TELEPHONE: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE ADMITTED TO SC BAR: \_\_\_\_\_ SC BAR No. \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED): \_\_\_\_\_

Have you ever been censured, suspended, disbarred, or otherwise disciplined by any court, department, bureau, or commission of any state or of the United States?

☐ Yes\*

☐ No

Have you ever been, or are you now, the subject of an investigation of your professional conduct?

☐ Yes\*

☐ No

Have you ever been transferred to inactive status, voluntarily withdrawn, or resigned from the bar of any court?

☐ Yes\*

☐ No

Have you ever been denied admission to the bar of any court (not including a denial resulting from the failure to pass a bar examination)?

☐ Yes\*

☐ No

Have you ever been held in contempt of court?

☐ Yes\*

☐ No

\* If the answer to ANY of the questions above is "yes," please describe in detail by separate attachment.

## CERTIFICATION OF APPLICANT

***I certify that:***

1. All of the information herein is complete and true to my own knowledge.
2. I am a member in good standing of the South Carolina Bar.
3. I have studied the Federal Rules of Civil and Criminal Procedure, the Federal Rules of Evidence, the South Carolina Code of Professional Responsibility (Rule 407 of the South Carolina Appellate Court Rules), and the Local Rules of this Court.
4. I have completed the required trial experiences listed in Rule 403 of the South Carolina Appellate Court Rules or I have attached the required form listing my equivalent courtroom experience by judicial clerkship.
5. ☐ I have completed the required CM/ECF training and the attached ECF Attorney Registration Form.  
☐ I have been exempted from e-filing requirements.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***(The filing fee for your application is \$150)***

## OATH OF ADMISSION

I, \_\_\_\_\_, do solemnly swear (or affirm) that as an attorney and as a counselor of the Court, I will conduct myself uprightly and according to law and that I will support the Constitution of the United States. So help me God.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

## **CERTIFICATION OF SPONSORS**

We, \_\_\_\_\_, U.S. District Court Attorney ID No. \_\_\_\_\_,

and \_\_\_\_\_, U.S. District Court Attorney ID No. \_\_\_\_\_,

being members in good standing of the Bar of the U.S. District Court for the District of South Carolina, hereby certify

that to the best of our knowledge, information, and belief the applicant is of good moral character and professional

reputation and meets the requirements for admission to this Court.

Signature of Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Rev. 12/8/2005

**United States District Court  
for the District of South Carolina**

**ECF REGISTRATION FORM FOR ATTORNEYS SEEKING ADMISSION**

This form is used to register for an account on the District of South Carolina Electronic Filing System. Registered attorneys (Filing Users) will have privileges to electronically submit documents and to view the electronic documents. By registering, attorneys consent to receiving electronic notice of filings through the system.

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**Please complete the following required information to register for ECF:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

If appropriate, select one: ☐ Senior ☐ Junior ☐ II ☐ III ☐ Other \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the District of South Carolina pursuant to Local Civil Rule 83 DSC and Local Criminal Rule 57 DSC.

E-Mail Address for Electronic Service: \_\_\_\_\_

If registered for ECF in another Federal court, please provide your **Login Name:** \_\_\_\_\_ and **District:** \_\_\_\_\_

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**Training is REQUIRED. Check one or more of the following training options you have completed:**

- ☐ I have completed the entire online tutorial                      OR  
☐ I have completed all of the computer-based training modules                      OR  
☐ I received court approved training\* on \_\_\_\_\_

\*Training by another district satisfies this district's training requirement.

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**By submitting this registration form, the undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system. The combination of the Filing User's login, password, and s/[typed name] or digital signature serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.**

\_\_\_\_\_  
(Signature/Date)

Once your registration is complete, you will receive notification by e-mail as to your user id and password needed to access the system. Procedures for using the system will be available for downloading when you access the system via the internet.

**Mail this entire form to:**  
USDC Attorney Admissions  
901 Richland Street  
Columbia, SC 29201

**Court Use Only:**  
SCDC ID: \_\_\_\_\_  
Login Assigned: \_\_\_\_\_  
Password Assigned: \_\_\_\_\_